

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

| | | | | | |
|---|--|---|---|--|--|
| 1. CIR./DIST./DIV. CODE WIW | | 2. PERSON REPRESENTED Mendoza, Otoniel | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 03:08-000105-005 | | 5. APPEALS DKT./DEF. NUMBER | |
| 6. OTHER DKT. NUMBER 08 CR 105 | | 7. IN CASE/MATTER OF (Case Name) U.S. v. Mendoza | | 8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal | |
| 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | | 10. REPRESENTATION TYPE (See Instructions) Other | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21 U.S.C 841A=CD.F--controlled substance-sell, distribute, or dispense | | | | | |
| REQUEST AND AUTHORIZATION FOR EXPERT SERVICES | | | | | |
| 12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ 1,500.00 OR \$ 50.50/hr. <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses) Signature of Attorney: <u><i>Jeff W. Nichols</i></u> Date: <u>12/13/2010</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Jeff W. Nichols, 354 West Main Street, Madison, WI 53703 Telephone Number: <u>(608) 249-8020</u> | | | | | |
| 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Interpreter needed. Client speaks very little English. | | | 14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 15 <input type="checkbox"/> Other Medical 02 <input checked="" type="checkbox"/> Interpreter/Translator 16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist 17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 05 <input type="checkbox"/> Polygraph 19 <input type="checkbox"/> Paralegal Services 06 <input type="checkbox"/> Documents Examiner 20 <input type="checkbox"/> Legal Analyst/Consultant 07 <input type="checkbox"/> Fingerprint Analyst 21 <input type="checkbox"/> Jury Consultant 08 <input type="checkbox"/> Accountant 22 <input type="checkbox"/> Mitigation Specialist 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 23 <input type="checkbox"/> Duplication Services (See Instructions) 10 <input type="checkbox"/> Chemist/Toxicologist 24 <input type="checkbox"/> Other (Specify) 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner | | |
| 15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted. <u><i>sm</i></u> Signature of Presiding Judge or By Order of the Court: <u>12-16-10</u> Nunc Pro Tunc Date: <u>12-9-10</u> Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | |
| 16. SERVICES AND EXPENSES (Attach itemization of services with dates) | | AMOUNT CLAIMED | | MATH/TECHNICAL ADJUSTED AMOUNT | |
| a. Compensation | | | | | |
| b. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| c. Other Expenses | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | \$0.00 | | \$0.00 | |
| 17. PAYEE'S NAME AND MAILING ADDRESS Lynn M. Leazer, 8456 Messerschmidt Dr. Verona, WI 53593 TIN: _____ Telephone Number: <u>(608) 575-0917</u> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____ | | | | | |
| 18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____ | | | | | |
| APPROVED FOR PAYMENT - COURT USE ONLY | | | | | |
| 19. TOTAL COMPENSATION | | 20. TRAVEL EXPENSES | | 21. OTHER EXPENSES | |
| | | | | | |
| 22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00 | | | | | |
| 23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. | | | | | |
| Signature of Presiding Judge | | Date | | Judge Code | |
| 24. TOTAL COMPENSATION | | 25. TRAVEL EXPENSES | | 26. OTHER EXPENSES | |
| | | | | | |
| 27. TOTAL AMOUNT APPROVED \$0.00 | | | | | |
| 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate): _____ Date: _____ Judge Code: _____ | | | | | |